

WHAT MAKES HTA DIFFERENT?



We Simplify Medicare

- Unlimited professional support
- Specializing in Medicare for over 20 years
- Access to over 20 insurance companies

- Salaried Advisors
- Not commissioned based
- Unbiased Advice
- NO pressure to buy

Our Promise to our Clients:

- No unwanted phone calls
- No pushy sales agents
- We are on your team!

Leading With Heart

**This is a
complimentary
service!**

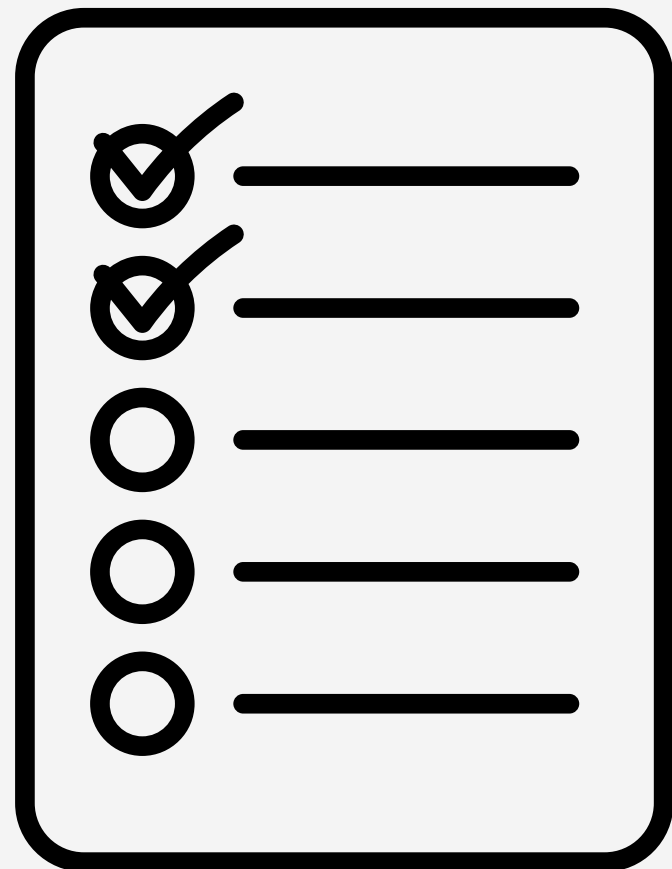


**NO COST to YOU, FAMILY or FRIENDS
NATIONWIDE SERVICE**

Our only request:

**Please allow us to help with your paperwork!
- HTA is paid by the insurance companies -**

- You do not pay higher premiums with HTA**
- Our service continues after enrollment**



Planning Stage:

4-6 months prior to desired start date

- Stop HSA contributions if over age 65 and still contributing
- Schedule and complete Medicare Roadmap Appointment with HTA Advisor
 - Discuss your personal situation
 - Determine timeline and method for Part A/B enrollment
 - Review insurance coverage options and needs analysis

Enrollment into Part A and/or B:

2-3 months prior to desired start date

- Create SSA.gov account
- Have HR complete Employment Information form (if applicable)
- Apply for Medicare A/B through Social Security (if applicable)

Insurance Plan Enrollment

1 month prior to desired start date

- Schedule enrollment appointment with HTA Advisor (if not already scheduled)
- During appointment- HTA advisor will complete with you the applications for desired insurance coverages- Dual Special Needs Medicare Advantage, Prescription, Etc.

The Alphabet Soup of Medicare

4 Parts = Comprehensive Medicare Plan Design

- Part A (Hospital Insurance)
- Part B (Medical Insurance)

Add Secondary Insurance:

- Medicaid
 - Part D (Prescription Drug Coverage)
- OR**
- Dual Special Needs Advantage Plans w/prescription drug coverage (Part C)

How to Enroll

Parts A & B through
the Social Security
Administration

Part D and C enroll
through HTA

*Please note: State Medicaid Pays your Medicare Part B premium

Medicare Part A

Hospital Admission = Inpatient

Helps Cover:

- **Inpatient care** in hospitals
- Skilled nursing facility care (limited)
- Hospice
- Home health services (limited)

No cost

(provided you or your spouse have worked a minimum of 40 quarters)



Medicare Part B

Medical = Outpatient

Helps Cover:

- **Doctors & Specialists**
- **Diagnostic Testing-Lab, Xray, MRI, CT**
- **Outpatient-Surgery, Chemo, Radiation**
- **Non-Inpatient Hospital-ER & Observation**
- **Durable Medical Equipment**

Standard Premium 2026 = \$202.90

(premiums are based on income and paid by Medicaid)

Out of Pocket Costs for Medicare

Inpatient

Part A Deductible	\$1,736
<i>Per benefit period-similar to per admittance</i>	
Part A Hospital Copay	
Days 61-90 (per day)	\$434
Days 91+ (60 Reserve Days)	\$868
365 Lifetime Days	100%
Skilled Nursing Facility Copay	
Days 0-20 (per day)	\$0
Days 21-100 (per day)	\$217
Part B Deductible	\$283
<i>Per calendar year</i>	
Part B Coinsurance	20%
<i>No Cap on Out of Pocket Risk</i>	
Part B Excess Charges	15%
<i>No Cap on Out of Pocket Risk</i>	
Out of Pocket Maximum	no cap

Outpatient



What is not covered by Medicare

Not covered by Medicare *

Dental, Vision , Hearing

Routine Foot Care

Cosmetic Surgery

Long Term Care

*some medical exceptions apply

Coverages Available Through HTA

Dental, Vision, Hearing

Short Term Care (Recovery Care)



“Part C”

All in One

Replaces Medicare A&B Card

OR

Medicaid

al la carte

Secondary to Medicare A&B Card

Medicaid pays Part B premium

DSNP

Medicaid



Vs



Claims go to Insurance Carrier

Claims go to Medicare



Medicaid's Special Category- Dual Eligible

Dual eligible beneficiaries are placed into one of the dual eligible categories. Let's take time to review the diagram below to review the help dual eligible beneficiaries get:

Part A Premium- most do not have a Part A premium. Some are not eligible for premium-free Part A and will have a premium. A "yes" in the column means Medicaid covers any Part A premium if they have one.

Part B Premium- all have to pay a monthly premium for Part B. A "yes" in the column means Medicaid covers the Part B premium.

Medicare Cost Sharing- cost sharing includes copays, coinsurance, and deductibles for Medicare Part A and Part B services. Beneficiaries who get Medicare Cost Sharing are known as being "cost-share- protected". A "Yes" in the column means Medicaid helps with paying for Part A and Part B services.

Full Medicaid Benefits- these benefits include services and supplies that the state Medicaid program covers that are not Medicare covered services. A "Yes" in the column means the dual eligible receives those services and supplies that their Medicaid program offers that Original Medicare does not.

** Some states extend Medicare cost sharing to FBDE & SLMB Plus

Dual Eligible Category	Assistance Type			
	Part A Premium	Part B Premium	Medicare Cost Sharing	Full Medicaid Benefits
Medicaid Only (FBDE)	No	Yes	No ***	Yes
Qualified Medicare Beneficiary (QMB)	Yes	Yes	Yes	No
Qualified Medicare Beneficiary Plus (QMB Plus)	Yes	Yes	Yes	Yes
Specified Low Income Beneficiary (SLMB)	No	Yes	No	No
Specified Low Income Beneficiary Plus (SLMB Plus)	No	Yes	No ***	Yes
Qualifying Individual (QI)	No	Yes	No	No
Qualifying Disabled Working Individual (QDWI)	Yes	No	No	No

Green- "Full Duals" and Plum- "Partial Duals"
 *** Some states cover Medicare Cost Sharing for this category too***

Medicare Cost Sharing- if the dual eligible has Original Medicare and Medicaid, Medicare is the primary payer and Medicaid is the secondary payer.
 If the dual eligible has a Medicare Advantage plan, the plan is the primary payer and Medicaid is the secondary payer.
Medicaid is always the payer of last resort.

EXTRAS advertised on TV

Medicare Advantage Plans may include:



Dental

If offered, typically
\$250-\$4,000/year in benefits



Gym Memberships

If offered, typically
free memberships at participating gyms



Grocery Allowance

If offered, typically has
restrictions for **certain diagnosis**

Routine Vision

If offered, typically
\$100-\$200/year in benefits



Over the Counter Benefits

If offered, typically **\$25-\$150/monthly**,
website or prepaid debit card



Flex Cards

If offered, typically **\$25-\$200/quarter**
website or prepaid debit card



Medicare Part D

MA = Purchase a Medical Plan that
INCLUDES Part D benefits

MS = Purchase a Standalone Part D
Plan for extra cost

What we need

- List of meds including dosage & frequency
- Name of Pharmacy

What we provide

- Report showing the anticipated costs of your medications
- Annual Review during AEP 10/15-12/7

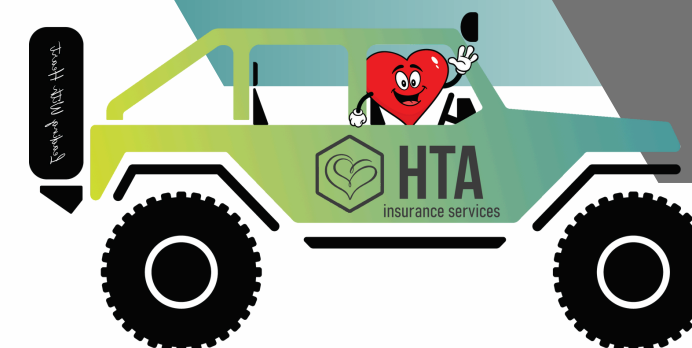
Deductibles and Copays vary by plan
Plans cover different medications
Plans rank medications in different tiers

**HTA VIP SUPPORT
FOR LIFE**

Questions

Billing & Claims

Annual Review



UNDERSTANDING PART D STAGES

2026



Up to \$615

Some tiers may not apply

Deductible

Pay Total Retail Cost

<\$2,100

Based on Out of
Pocket Cost

Initial Coverage

Pay Copay/Coinsurance

>\$2,100

Based on Out of
Pocket Cost

Catastrophic

Pay 0% of Retail Drug Cost

2026 Extra Help Co-pays

Out-of-pocket drug costs

Subsidy Levels	Deductible	Copayment*
Level 1	\$0	\$5.10/\$12.65
Level 2	\$0	\$1.60/\$4.90
Level 3	\$0	\$0/\$0

Dental, Vision and Hearing

Medicare does not cover routine dental, vision, or hearing

Insurance Plans help Cover:

- Dental cleanings, fillings, major services (Ex: Crowns)
- Routine eye exams
- Reimbursement for glasses/contacts
- Hearing aids, exams for fitting them*

Schedule an appointment to discuss these benefits with HTA

*Not all plans cover hearing.



HTA Is Here For Your Additional Insurance Needs

*Not available in all states.

Coverage That Complements Your Life

- ▶▶ **Auto**
- ▶▶ **Home**
- ▶▶ **Travel**



Schedule a consultation with an HTA Advisor to discuss your options.

Next Steps:

- **Enroll** in Medicare Part A and/or B
- **Review** documents from your HTA Advisor
- **Schedule** a follow-up appointment

*We make
it easy!*

**Would you like to be contacted
regarding Auto & Home
Insurance Services?**